Memorandums of Understanding (MOU) and Medical Center Memorandums (MCM) for Telemental Health Clinics and Traditional Healers/Healing Services:

Questions to Consider, Samples and Templates to assist in creating agreements in partnership and collaboration between the VA, Native communities and non-government entities.

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Native Veterans from American Indian, Alaska Native, Native Hawaiian and Pacific Islander populations have a proud tradition of military service and sacrifice. Native Veterans serve at the highest rate per capita of any ethnic group in the U.S. Armed Forces. Studies demonstrate they also disproportionately suffer the consequences of service, including higher rates of disorders related to combat exposure (e.g., PTSD and substance disorders). Native Veterans also represent the highest proportion of rural Veterans. The often isolated and dispersed nature of rural Native Veterans presents significant barriers for access and quality of care. In response to these challenges, the Office of Rural Health established the Veterans Rural Health Resource Center-Western Region (VRHRC-WR) *Native Domain* to serve as a national resource on healthcare issues for Native rural Veterans. The *Native Domain's* specific functions include evaluation, cataloging and coordination of past and ongoing programs and projects targeted to help identify, delineate and then disseminate models of best practices for rural Native Veterans.

The information, samples and templates provided in this packet include Memorandums of Understanding (MOU) and Medical Center Memorandums (MCM) for Telemental Health Clinics and Traditional Healer/Healing Services for rural Native Veterans. These documents are intended to be used as guidelines and to assist others in creating and implementing collaborations and partnerships with the Department of Veterans Affairs (VA), non-governmental entites and American Indian, Alaska Native, Native Hawaiian and Pacific Islander tribes and communities. Please note that these are not VA, or Veterans Health Administration (VHA), or Office of Rural Health (ORH) documents or policy. The templates and examples contained herein were generated by the VA Rural Health Resource Center-Western Region (VAHRC-WR) *Native Domain* solely to provide information and resources.

The information contained in these templates may or may not be appropriate for any one specific site. These documents are guidelines on what to consider and how to create documents for partnership. The most important aspect is the creation and implementation of partnerships and collaboration between the VA and Native tribes and communities. In order to improve the quality and access of health care of Native Veterans in rural areas, the necessity of working with various entities is critical. The geographic isolation and remoteness of many Native reservations and communities, and the lack of health and medical facilities generates the need for multiple organizations to work together to provide much needed services severely lacking or non-existent in these areas, and for this population.

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Template 1

How To Create MOUs and Questions To Consider:
National template Memorandum of Understanding (MOU) for
Rural Telemental Health Clinics for Native Veterans

Please note that this is not a Department of Veterans Affairs (VA) or Veterans Health Administration (VHA) documents or policy. This template was generated by the VA Rural Health Resource Center-Western Region (VAHRC-WR) Native Domain to provide information and questions to consider when contemplating a collaboration with VA and non-VA entities on creating Rural Telemental Health Clinics and Traditional Healer Services for Native Veterans.

Telemental Health Clinics for Rural Native Veterans
"The lack of resources [in rural and geographically remote areas] make multiorganizational collaboration critical to designing and implementing the telemental health clinics. Whereas no single organization offers all these services in a community, the services became available by combining the resources of the VA, the Indian Health Service, the veterans center, the state, and the tribal organizations. … Although providing a telepsychiatry service with multiple organizational partners confers many benefits, it also presents challenges. The services have to comply with multiple sets of bureaucratic rules and regulations, involve additional personnel, and seek multiple approvals for implementation and changes." (A Developmental Model for Rural Telepsychiatry**.** Jay H. Shore, M.D., M.P.H. and Spero M. Manson, Ph.D.; Psychiatric Services**;** Vol. 56 No. 8; p 979; August 2005.)

What is an MOU:
A Memorandum of Understanding, or MOU, is created and put in place to establish a clear understanding of how a deal will practically function and each party's role. It is a legal document outlining the terms and details of an agreement between parties, including each parties requirements and responsibilities. The MOU is often the first stage in the formation of a formal contract. It is far more formal then a handshake and is given weight in a court of law should one party fail to meet the obligations of the memorandum. It is essentially an interagency agreement enabling each party to facilitate the conduct of certain efforts of mutual interest in collaboration on an activity or service, and that defines the roles and responsibilities, and expectations of each party.

How to create an MOU and Questions to consider:
Know the parties involved and their mission or purpose, if there is one, ie tribes may not have a "mission", per se, but want to improve the health of the members of their community. Who is the agreement with/between? Why do you want to contract with each other? What will each party do and for how long? What is the agreement trying to accomplish and What is the end result?

SAMPLE MOU with QUESTIONS TO CONSIDER:

1) **Introduction**—The introduction section of the MOU helps the reader to understand the agreement content. It describes the need, the agencies involved, and why it is necessary to work together. This section should be a simple explanation of the agreement and why it is necessary. It does not need to include details about past efforts or discuss how the

agencies reached this level of agreement. It should explain what resource or service is being created, what agencies are involved or participating, and why it is necessary. Consider the following questions:

a. For what resource or service is this MOU being created?
b. What agencies are participating in the MOU?
c. Why is this MOU necessary?
d. What agreements are set forth by this MOU?

2) **Purpose**—The purpose section should be a concise statement discussing the intention of the new or proposed service that makes the MOU necessary. It explains how the agencies involved will use the new service and under what circumstances. When answering this question, consider the following questions:
    a. To what service does the MOU apply?
    b. What is the intention?/What are you trying to accomplish?
    c. When will it be used?
    d. How will it be used?
    e. Whom will it be with?

3) **Background**—Explain why the need for the clinics was implemented. [This may include why the *original* American Indian/Native Veteran Telepsychiatry Clinics got started and how they proceeded. See Telemental Health Clinic Template]
    a. Why are you instituting an MOU? What is so critical that collaborative efforts with other agencies are essential to create an agreement to work together?
    b. For what reason?/To what end?
    c. What is the mission statement of each of the entities involved? If there is no mission, per se, what is it that the entity wants to achieve? [Since Tribes have no mission statement, per se, they could state the desire to create a process to improve mental health services for Native Veterans who lack access to these services.]

4) **Actions**—Provide a very short statement about what is going to take place--the creation and implementation of American Indian Telepsychiatry Clinics in rural and remote areas. Write a short one to two sentence paragraph on what the parties involved will provide. [University/Non-VA entity—space to house the clinicians on site; VA—clinicians to run the clinics; Tribe/Non-VA entity—to provide the TOWs to run the clinics and assist Native Veterans at reservation site.]

5) **Roles and Responsibilities** of each party—This section lists the agencies and jurisdictions to be included in the agreement and describes their relationship and the obligations of the agreement. Consider the following questions:
    a. Who are the governmental and nongovernmental agencies that will use the resource/service?
    b. Who oversees the use of this resource/service and enforces all requirements of this MOU?

c. Who are each of the entities contacts and how are they determined?
d. Who will be responsible for providing equipment (and what type: telecommunications and videoconferencing, and supplies and furniture), personnel, training, maintenance of equipment, supplies, etc. Spells out exactly who provides and supplies what. Obligations may include training, user requirements, responsible parties for ensuring training, and awareness. Who is responsible for ensuring that individual agency personnel are screened, hired and trained appropriately?
    1. What are the staff (clinicians and TOWs) credentials and training requirements associated with participating in this MOU?
    2. What are the equipment requirements associated with participating in the MOU (computer, television, camera, projector, phone, printer, paper, pens, etc.)?
    3. Are there additional requirements? If so, what are they and who is responsible?
    4. Are there any financial obligations that must be considered? Who pays for/supplies what?
e. How are issues affecting policy, recommendations, and/or subsequent change implemented?
f. How do individual agencies establish oversight authority for the resource/service?

6) **Record Retention and Reports**—Determine who will be responsible for tracking client medical records and the security issues associated with storing or keeping these records onsite. Think about progress reports (annual reports, clinical activities) of the overall experience/clinic.
    a. Which entity will house the Veterans' medical records and clinician notes? Guidelines of keeping medical records safe, and security also need to be considered.
    b. Is it necessary to create, and what type of, reports should be created to track progress of the clinics and how they are operating? Is it necessary to indicate any problems, issues or triumphs associated with the clinics and how they were handled? Would these documents be necessary for future reference and/or for tracking purposes? Who is responsible for creating reports, how often should they be written, where are they submitted or distributed, and where are they stored? What will they be used for?
    c. Protocols will/should be provided to the Tribe. Protocols consist of a written manual of procedures, organizational role responsibilities and duties of individual staff. Generic protocols can be found in conjunction with the MOU template.

7) **Other considerations**—equipment, cost and implementation (Some of these issues may have been considered and included above in Roles and Responsibilities, but more detail or other issues could be included here.)

Maintenance-- The maintenance section designates a responsible party or parties for maintaining equipment, systems, and licenses at each site. The maintenance section can name or designate a jurisdiction, agency, or individual (the responsible party) for maintaining the equipment, systems, and licenses. Think about what the technical and operational aspects of the resource/service are.

a. What are the equipment and maintenance requirements associated with participating in this MOU? Explain what type of equipment is needed.
b. Who will supply and who will pay for the equipment? What are the financial obligations that must be considered, if any?
c. Who will own the licenses?
d. Who will maintain the equipment?
e. Who will troubleshoot problems with the equipment?
f. What are the staff (clinicians and TOWs) training requirements associated with using the equipment? Who will train staff to use and run the equipment?
g. Are there additional requirements?

Implementation (Circumstances)—Briefly describe the circumstances under which the service can be used. This section can also mention authorized use, activation, timing, and other circumstances.

a. When can the resource/service be used? When will the clinics [University and reservation sites] be used – a schedule outlining hours and days, etc.?
b. When should the resource/service be considered for use? On an as needed basis/when Veterans have been approved for the service/ongoing set consistent time frame/slot.
c. Share space with other entities? If so, what authority do those who run the clinics have? Who has the ability to authorize use of the resource/service?
d. Are there operating procedures associated with this resource/service? Can specific procedures be referenced?

8) **Updates** to the MOU—This section describes how updates can be made to the MOU. It includes information such as who has the authority to update the MOU, how updates will be made, how participating agencies will be notified of updates, and the types of updates that will require signatures of all participating agencies. Consider the following:
    a. Who has the authority to update/modify this MOU?
    b. How will this MOU be updated/modified?
    c. Will updates/modifications require this MOU to have a new signature page verifying the understanding of changes by each participating agency?

9) **Timeline/Effective Period / Termination**—Need to determine whether to implement a pilot period, how long the MOU will exist, and how and when to end the agreement. Should the timeline include reviews, or not?

a. Timeline--How long is the agreement in place for? Is there a structured timeline to create, develop, implement and end the agreement? Do you want to include a trial or pilot period? Two years, 10 years, ongoing? Is this MOU open-ended or continual with reviews?
b. The effective period—Each of the parties/entities review (or renew?) the MOU annually, or on an as needed basis, to determine whether terms and provisions are appropriate and current.
c. Termination--Address and provide information about the termination/end of the agreement/MOU--which entity(ies) may terminate, how and when. Does termination apply, is it a renewable MOU, or is it ongoing?

10) **Signature**—Provide and allow adequate space for authorized individuals of each party/entity to sign and date the agreement. The authority for each entity should also provide below the signature line, their printed name, title, organization/entity, address, phone number, fax number, and email address.

_____
(Signature)

[Print Name]
[Title]
[Organization]
[Address]
[Phone]
[Fax]
[Email]

Template 2

National template Memorandum of Understanding (MOU)
for Rural Telemental Health Clinics for Native Veterans

Please note that this is not a Department of Veterans Affairs (VA) or Veterans Health Administration (VHA) document or policy. This template was generated by the VA Rural Health Resource Center-Western Region (VAHRC-WR) Native Domain strictly to provide information and to be used as a guideline when contemplating collaboration with VA and non-VA entities on the creation of Rural Telemental Health Clinics for Native Veterans.

"Telehealth involves the clinical use of information and telecommunications technologies to provide health care services in situations where patient and provider are in different locations. A particular focus of telehealth development in VHA is improving access to veteran patients in rural and remote locations. VHA has developed major national telehealth networks that provide care: into the home; between community-based outpatient clinics and hospitals; and between hospitals and other hospitals. Currently, depending on telehealth application, between 15% and 38% of VHA's telehealth-based services are provided to rural/remote locations." [**Veterans Rural Health: Perspectives and Opportunities.** Department of Veterans Affairs; Office of Rural Health, VHA; February 2008. (pp. 36-37)]

Telemental Health Clinics for Rural Native Veterans
This template can be used nationally to duplicate telemental health clinic models between VA entities, and VA and non-VA entities and outlines the process for the creation of a Memorandum of Understanding (MOU) for this service. The MOUs serve as a national resource to VA Medical Centers to create and implement collaborative services for rural Native Veterans. This project helps to improve access and quality of care for rural Veterans by helping to refine administrative mechanisms for the implementation of services targeted at rural Native Veterans. This specific MOU template is for national distribution regarding rural telemental health clinics for rural Native Veterans.

Memorandum of Understanding (MOU)
Between
The Veterans Health Administration (VHA)
And
[Non-VA entity—UNIVERSITY/CLINIC SITE if other than the VHA)]*
And
[Non-VA entity--TRIBE]*

I. **Introduction/Purpose**:
The purpose of this Memorandum of Understanding (MOU) is to encourage cooperation and resource sharing between the Veterans Health Administration (VHA), [UNIVERSITY/CLINIC] and [TRIBE]. The goal of the MOU is to use the strengths and expertise of our organizations to

deliver quality health care services and enhance the health of Native (American Indian, Alaska Native, Hawaiian Native and Pacific Islander) Veterans who reside in rural and remote areas. This MOU establishes joint goals and objectives for ongoing collaboration between the Veterans Health Administration (VHA), [UNIVERSITY/CLINIC] and [TRIBE] in support of their respective missions and improve access and quality of mental health care available to rural Native Veterans.

The purpose of the American Indian Telehealth Clinic is to provide mental health services for Native Veterans who are dealing with Posttraumatic Stress Disorder (PTSD). A growing body of evidence demonstrates that Native Veterans have the highest rate of PTSD of any ethnic group and face significant barriers to care, particularly geography. These clinics utilize a service delivery model that enhances quality and access of care through the use of tribal Veterans who serve as on-site outreach workers, partnering with tribal Veteran representatives and coordination with important community resources such as local traditional healers and the Indian Health Service (IHS). This is a joint project involving several organizations including the Department of Veterans Affairs (VA), VISNs #; [UNIVERSITY/CLINIC]; and [TRIBE].

II. **Background**:

"In 2001 the AIANP began a series of telepsychiatric clinics to provide ongoing care to American Indian veterans with posttraumatic stress disorder. The clinics arose because of the untested efficacy of telepsychiatry in these communities and because of past research documenting disparities in the prevalence and treatment of posttraumatic stress disorder among American Indian veterans." (A Developmental Model for Rural Telepsychiatry**.** Jay H. Shore, M.D., M.P.H. and Spero M. Manson, Ph.D.; Psychiatric Services**;** Vol. 56 No. 8; p 976. August 2005.)

The American Indian Telepsychiatry Clinics were initially established in April 2002 with a pilot telepsychiatry program in collaboration between the Veterans Health Administrations' (VHA) VISNs 19 & 23, the University of Colorado Denver Centers for American Indian and Alaska Native Health (CAIANH), and an American Indian tribe in the Western United States. The clinic was established to improve the mental health care of rural American Indian Veterans through the provision of telepsychiatry services in the community where the Veterans resided. Since then the clinics have expanded to multiple end sites serving tribes in three Western states. The clinics follow a shared model of having VA-credentialed psychiatric providers located at the CAIANH in Denver providing telepsychiatry services to a patient-site based on or near a rural American Indian reservation. The clinic patient site is run administratively by a Tribal/Telehealth Outreach Worker (TOW) who also performs patient outreach and community liaison functions. The telepsychiatry services include diagnosis, assessment, treatment and case management. Treatment provided through these services includes medication management and psychotherapy (group, individual and family), as well as linkage and coordination with other VA services.

The mission of the Department of Veterans Affairs (VA) is to "care for him who shall have borne the battle and his widow and orphan." Those words were spoken by Abraham Lincoln during his second inaugural address and reflect the philosophy and principles that guide V A in everything

it does. The Veterans Health Administration six strategic goals, are: put quality first until we are first in quality; provide easy access to medical knowledge, expertise and care; enhance, preserve, and restore patient function; exceed patient's expectations; maximize resource use to benefit Veterans; and build healthy communities."

The mission of the [UNIVERSITY/CLINIC] is

Mission or statement of [TRIBE] is

The Veterans Health Administration (VHA), [UNIVERSITY/CLINIC] and [TRIBE] enter into this MOU to further their respective missions and to provide access to health care services and treatment for rural Native Veterans. It is our belief, that through appropriate cooperation and resource sharing each organization can achieve greater success in reaching their respective goals and improve Native Veterans access to mental health services in rural and remote areas.

III. **Actions**:

Develop, institute and run Telemental Health Clinics on American Indian reservations in rural and remote areas where access to and number of medical facilities are lacking. Need to consider what type of equipment (telecommunications/videoconferencing/office) is needed and who will pay for/supply at both site locations.

The [UNIVERSITY or VHA] will house the telehealth clinics, the Veterans Health Administration (VHA) shall provide certified and licensed clinicians to run the mental health sessions and clinics via telecommunications to the [TRIBE] using the assistance of Tribal/Telehealth Outreach Worker (TOW) on the reservation side to run the clinics and assist Native Veterans.

IV. **Roles and responsibilities** of each party:

1. The VHA will be responsible for hiring and training certified and licensed mental health clinicians. VHA will define the necessary credentials and consider licensing requirements of clinicians across state lines. The VHA will be responsible for supplying clinic [clinic location] telecommunications equipment, including at least one dedicated VA computer, camera, phone lines, printers, projector, television, etc.) and will be responsible for maintaining equipment with VHA IT staff at the clinic site.

2. And 3. For both the clinic site and the reservation site, consider who and what each entity [UNIVERSITY/CLINIC and TRIBE or VHA] will be responsible for providing and supplying.
    a. [DETERMINE WHERE] clinic/reservation location is [---].
    b. Provide dedicated room schedule, including days and hours, that the clinics will be held. If clinics are held in shared space, rooms will only be accessible to clinicians/patients at these times.
    c. [#] private clinical room(s) with a dedicated VA T1 line and switching, with videoconferencing and dedicated VA computer access.
    d. Administrative room with locked secure file cabinets for record storage.

e. [DETERMINE WHO] will provide secure, locking file cabinets in a locked room in each facility to house the clinician notes and patient medical records, telecommunications equipment and videoconferencing equipment: computer, television, camera, projector, phone lines, printers, etc.; office supplies and furniture: paper, pens, chair, desk, etc.
f. Primary technical support at clinic location will be provided by [DETERMINE WHO]. The [VISN #/location] VA will be responsible for maintaining [#] dedicated VA computer(s) at the [Clinic location]/ [reservation location], including regular upgrades, software installations, and troubleshooting. These services will be expected to be conducted in a timely manner. Other technical support will be provided by VA IRMS in [closest VA to clinic site]/[closest VA to reservation site] as necessary.
g. Technical infrastructure of these clinics will be funded and supported through each of the VISNs for the clinics located in their VISN.
h. Charting of clinics will occur in the associated clinic's VA CPRS record.
i. [DETERMINE WHO] provides and hires on-site Tribal Outreach Workers (TOWs) to identify and sign up Native Veterans, run the clinics at the reservation site and troubleshoot equipment. [DETERMINE WHO] is responsible for supplying salary, hiring and training procedures for TOWs.

V. **Record Retention:**

The [Clinic location site] will store the clinician notes and Veterans medical records in a stored and locked filing cabinet in a locked and secure room.

[The lead VA psychiatrist] will be responsible for producing annual reports to all the clinic and MOU partners describing clinical activities over the preceding year and the strategic plan for upcoming years.

Generic protocols are available for the [TRIBE] TOWs via [VA] and are available with the MOU template.

VI. **Other Considerations**—(if any and who has responsibility or authority):

VII. **Updates to the MOU**:

[Designate which ENTITY/AGENCY (ies)] have the authority to update the MOU as necessary, in collaboration with all parties and subject to approval/consensus by participating authorities. Any updates or changes will require the signature of each participating entity. Updates or changes may be made on an addendum page with an attached new signature page verifying the understanding of changes by each participating agency and distributed to each via [mail/email].

VIII. **Termination**:

This MOU may be terminated by either party upon issuance of written notice to the each party not less than [30] days before the proposed termination date. The [30] days notice may be waived by mutual written consent of all parties involved in the MOU.

IX. **Effective Period**:

In order to ensure a successful and beneficial collaboration, [designate a trial or pilot period of # months or # years **OR** a period of # months/years—if no trial or pilot period] will be implemented. At the end of this time frame the authorized parties will review the status and progress of the clinics and determine the best course of action to continue or discontinue the Telemental health clinics. A new MOU or addendum may serve to terminate the agreement or continue the program for a specified length of time. All parties must agree and sign to that affect.

The Veterans Health Administration (VHA), [UNIVERSITY/CLINIC] and [TRIBE] will review the MOU annually to determine whether terms and provisions are appropriate and current.

X. **Signatures/Agreed To By:**

_____

(Signature)

[Print Name]
[Title]
[Organization]
[Address]
[Phone]
[Fax]
[Email]

_____

(Signature)

[Name]
[Title]
[Organization]
[Address]
[Phone]
[Fax]
[Email]

_____

(Signature)

[Name]
[Title]
[Organization]
[Address]
[Phone]
[Fax]
[Email]

*Items enclosed in [ ] are used for example and subject to change. Any organization or tribal affiliation listed represents a non-VA entity.

Template 3

Traditional Healer/Healing Services Memorandum of Understanding (MOU) Template

Please note that this is not a Department of Veterans Affairs (VA) or Veterans Health Administration (VHA) document or policy. This template was generated by the VA Rural Health Resource Center-Western Region (VAHRC-WR) Native Domain strictly to provide information and to be used as a guideline when contemplating collaboration with VA and non-VA entities on the creation of Traditional Healer/Healing Services for Native Veterans. There is also a Medical Center Memorandum (MCM) available for less extensive agreement between a VA medical center and a Traditional Healer/Practitioner.

Traditional Healer/Healing Services for Native Veterans

This template can be used nationally to duplicate traditional healer/healing services models between VA entities and non-VA entities and practitioners, and outlines the process for the creation of a Memorandum of Understanding (MOU) for these services. The MOUs serve as a national resource to the VA to create and implement collaborative services for Native Veterans. This project helps to improve access and quality of care for Native Veterans by helping to refine administrative mechanisms for the implementation of services targeted at Native Veterans. This specific MOU template is for national distribution regarding traditional healer/healing services for Native Veterans.

Memorandum of Understanding (MOU)
Between
The Veterans Health Administration (VHA)
And
[Non-VA entity—ORGANIZATION]
And/Or
[Non-VA entity—HEALER/PRACTITIONER]

III. **Introduction/Purpose**:

The purpose of this Memorandum of Understanding (MOU) is to encourage cooperation and resource sharing between the Veterans Health Administration (VHA), and [ORGANIZATION and/or HEALER/PRACTITIONER]. The goal of the MOU is to use our strengths and expertise to deliver quality health care services and enhance the health of Native (American Indian, Alaska Native, Native Hawaiian and Pacific Islander) Veterans. This MOU establishes joint goals and objectives for ongoing collaboration between the Veterans Health Administration (VHA) and [ORGANIZATION and/or HEALER/PRACTITIONER] in support of their respective missions and to improve access and quality of traditional healing services and practices available to Native Veterans.

The purpose of the traditional healing services and practices is to provide and/or offer alternative healing options to supplement VA medical services to Native Veterans. Traditional healing practices may be spiritual or medical in nature according to specific cultural or tribal traditions. The intent of the MOU is to ensure that traditional practices are accessible and culturally appropriate to Native Veterans who request them. These health care services enhance quality and access of care through the use of Traditional Healers or Practitioners, and/or organizations who provide a variety of services and activities, and coordinate with the Department of Veterans Affairs (VA) for on- and off-site services. These services may include, but are not limited to, Spiritual Counseling, Sweat Lodges, Pow Wows, Pipe Ceremonies, Drum Ceremonies, Labyrinths, Talking Circles, Cleansing Rituals, and Gourd Dances, on an individual basis or in a group setting. This is a joint project involving organizations and/or individuals including the Department of Veterans Affairs (VA), VISNs #; [ORGANIZATION] and/or [HEALER/PRACTITIONER].

IV. **Background**:

The Department of Veterans Affairs Chaplain's Office issued guidelines concerning American Indian and Alaska Native traditional practitioners. American Indian/Native traditional practices seek to restore a healing balance to the mind, body, heart and spirit. The purpose of the policy is to ensure that Native Veterans who request traditional health care services, receive culturally appropriate care from recognized traditional healers or practitioners. "42 U.S.C. §1996 states: It shall be the policy of the United States to protect and preserve for American Indians their inherent right of freedom to believe, express, and exercise the traditional religions of the American Indian, Eskimo, Aleut, and Native Hawaiians, including but not limited to access to sites, use and possession of sacred objects, and the freedom to worship through ceremonials and traditional rites." (National Chaplain Center; *Chaplain Service Guidelines Concerning Native American Indian/Alaskan Native Traditional Practitioners*.)

The mission of the Department of Veterans Affairs (VA) is to "care for him who shall have borne the battle and his widow and orphan." Those words were spoken by Abraham Lincoln during his second inaugural address and reflect the philosophy and principles that guide V A in everything it does. The Veterans Health Administration six strategic goals, are: put quality first until we are first in quality; provide easy access to medical knowledge, expertise and care; enhance, preserve, and restore patient function; exceed patient's expectations; maximize resource use to benefit Veterans; and build healthy communities."

The mission or statement of [ORGANIZATION]

The statement of the [HEALER/PRACTITIONER]

The Veterans Health Administration (VHA), [ORGANIZATION] and/or [HEALER/PRACTITIONER] enter into this MOU to further their respective missions and to provide access to health care services and treatment for Native Veterans. It is our belief, that through appropriate cooperation and resource sharing each organization and individual can achieve greater success in reaching their respective goals and improve Native Veterans traditional health care services.

XI. **Actions**:

The intent of this MOU is to provide traditional healing services through a traditional organization and/or healer/practitioner to Native Veterans as an alternative or supplement to VA health care services.

The VA will, upon request, provide Native Veterans access to Traditional Healing Services offered by approved organizations and/or traditional healers/practitioners on- and off-site to supplement and provide alternative practices in healing the mind, body and spirit.

XII. **Roles and responsibilities** of each party:

It is important to determine and specify which entity [VA, ORGANIZATION, HEALER/PRACTITIONER] will be responsible for the following roles and responsibilities.

a. What type of service(s) are needed/requested and potential follow-up services
b. Who will perform services
c. What are the competency/certification requirements, if any, of healers/practitioners
d. What is the compensation rate (and are travel expenses reimbursed?) for services rendered by healer/practitioner
e. What are the appropriate protocols/procedures for requesting traditional healing services
f. Who will develop/deliver the appropriate guidelines for patients to follow/know what to expect from specific healer/practitioner
g. Location of and scheduling of on-site and/or off-site facilities and who maintains structure and/or site
h. Equipment needs, if any, and who will supply
i. If VA staff assistance/technical support is necessary or needed, who or what type of employee, credentials, functions/duties, etc.
j. Establish policies for handling incidents of inappropriate behavior and abuse; and complaint resolution processes
k. Create traditional healing advisory committee to monitor and maintain quality and program standards

Example:

3. The VA will be responsible for:
    a. Offering a list of services that are available at or through VA/VISN if/when asked by Native Veterans
    b. Providing a private and safe area on-site to conduct traditional healing services
    c. Providing VA staff assistants as needed or requested
    d. Securing/contacting/providing traditional healers/practitioners and/or off-site organizations for services upon Veterans request
    e. Compensating traditional healer/practitioner/organization for services rendered
    f. Providing and maintaining equipment necessary to conduct on-site services
    g. Assisting [WHO] in developing appropriate protocols for requesting and securing traditional healing services
    h. Establishing inappropriate behavior and complaint resolution processes

i. Developing and compiling traditional healing advisory committee to ensure standards and quality of programs are maintained

4. [ORGANIZATION] will be responsible for:
    a. Securing and scheduling off-site facilities to perform appropriate requested traditional healing services
    b. Securing traditional competent, recognized healer/practitioner for services
    c. Supplying and maintaining equipment and assistance as needed
    d. Assisting [WHO] in developing appropriate protocols for requests for services
    e. Following policies and procedures regarding incidents, and abuse and complaint resolution processes
    f. Assisting [WHO] in creating and developing a traditional healing advisory committee

5. [HEALER/PRACTITIONER] will be responsible for:
    a. Performing requested traditional healing services to Native Veterans
    b. Developing appropriate guidelines for patients to follow/know what to expect from healer/practitioner
    c. Assisting [WHO] in developing appropriate protocols for requests for services
    d. Contacting [VA/ORGANIZATION] and scheduling facilities for services
    e. Requesting additional equipment or VA staff assistance
    f. Assisting [WHO] in creating and developing a traditional healing advisory committee

XIII. **Record Retention:**

Determine if it is necessary to keep records of services performed in the patients VA files and who is responsible for noting and keeping.
Are other records necessary to keep and, if so, what are they and where will they be stored?
Examples:

1. Annual reports to MOU partners describing activities over the preceding year and the plans for upcoming years
2. Protocols and procedures for requesting and securing traditional healing services
3. Traditional healing program guidelines
4. Patient guidelines to understand what to expect from healer/practitioner
5. Policies for handling incidents of inappropriate behavior or abuse and complaint resolution processes
6. Traditional healing advisory committee notes/guidelines to monitor services to maintain quality and program standards.

XIV. **Other Considerations**—(if any--describe and determine who has responsibility or authority):

XV. **Updates to the MOU**:

[WHO] will have the authority to update the MOU as necessary, in collaboration with all parties and subject to approval and consensus by all participating authorities. Any updates or changes will require the signature of each participating entity. Updates or changes may be made on an addendum page with an attached new signature page verifying the understanding of changes by each participating agency and distributed to each via [mail/email].

XVI. **Termination**:

This MOU may be terminated by either party upon issuance of written notice to each party not less than [#] days before the proposed termination date. The [#] days notice may be waived by mutual written consent of all parties involved in the MOU.

XVII. **Effective Period**:

In order to ensure a successful and beneficial collaboration, [designate a trial or pilot period of # months or # years; **OR** a period of # months/years—if no trial or pilot period] will be implemented. At the end of this time frame the authorized parties will review the status and progress of the services and determine the best course of action to continue or discontinue the Traditional Healing Services. A new MOU or addendum may serve to terminate the agreement or continue the program for a specified length of time. All parties must agree and sign to that affect.

The Veterans Health Administration (VHA), [ORGANIZATION] and [HEALER/PRACTITIONER] will review the MOU annually to determine whether terms and provisions are appropriate and current.

XVIII. **Signatures/Agreed To By:**

_____

(Signature)

[Print Name]
[Title]
[Organization]
[Address]
[Phone]
[Fax]
[Email]

_____

(Signature)

[Name]
[Title]
[Organization]

[Address]
[Phone]
[Fax]
[Email]

_____

(Signature)

[Name]
[Title]
[Organization]
[Address]
[Phone]
[Fax]
[Email]

Template 4

Medical Center Memorandum
MCM No. [INSERT #]

VA Medical Center
[CITY, STATE]
[DATE]

Traditional Healer/Healing Services Medical Center Memorandum (MCM) Template

Please note that this is not a Department of Veterans Affairs (VA) or Veterans Health Administration (VHA) document or policy. This template was generated by the VA Rural Health Resource Center-Western Region (VAHRC-WR) Native Domain strictly to provide information and to be used as a guideline when contemplating collaboration with VA and non-VA entities on the creation of Traditional Healer/Healing Services for Native Veterans between a VA medical center and a Traditional Healer/Practitioner. There is also a Memorandum of Understanding (MOU) template available for Traditional Healer/Healing services for more extensive agreements.

1) **Summary**:

This MCM applies to access to Traditional Healer/Practitioner Services for Native (American Indian/Alaska Native/Native Hawaiian/Pacific Islander) Veterans through [VA facility name—VAMC/CBOC, or other].

2) **Purpose**:

American Indian/Native traditional practices seek to restore a healing balance to the mind, body, heart, and spirit. This policy serves to ensure that Veteran patients who express an interest in these traditional practices are provided opportunities for free exercise of religion and receive spiritual health care services that are accessible and culturally appropriate.

This MCM provides policy, procedural guidance, and responsibility for [American Indian/Alaska Native/Native Hawaiian/Pacific Islander] Traditional Healer Services at [VA or other location--describe]. The program is targeted for VA-care eligible Native (American Indian/Alaska Native/Native Hawaiian/Pacific Islander) Veterans living on or near the [VA FACILITY NAME] VAMC and CBOCs. While it is recognized that some traditional ceremonies and healing services are common to many tribes/cultures, it is also true that there are many such activities that vary widely from tribe to tribe and culture to culture. Every effort will be made to honor specific requests of patients to the extent feasible within available resources.

3) **Policy**:

a. Native Veterans Traditional Healer Services are available for eligible veterans in and around [STATE].
b. The combined group of traditional healers will define the Traditional Medicine Practices utilized by Native Traditional Healers, with [WHO] having the ultimate authority to modify the program to address the needs of Native (American Indian/Alaska Native/Native Hawaiian/Pacific Islander) Veteran patients. [WHO]

will govern management of how Native Traditional Healers conduct specific traditional healing practices.

c. Funding is budgeted to aid in the provision of services and may be utilized to reimburse a Traditional Healer/Practitioner for specific resources and travel costs involved in providing traditional healing services and activities, and will be paid in the form of [honorarium, fee] per service. Yearly budget for resources will be approved by the [VA FACILITY] VAMC.
d. Services and activities may include, but are not limited to: Individual Spiritual Counseling, Talking Circles, Cleansing Rituals, Drum Circles, Pipe Ceremonies, Sweat Lodges, and Pow Wows. No form of toxic or psychoactive substances would be allowed or considered in any form of traditional medicine practice.
e. The [VA FACILITY] VA [Clinical Informatics Committee] will approve all medical record forms utilized by Native Traditional Healers and Practitioners to document treatment.
f. The [VA FACILITY] VAMC will make a reasonable effort to ensure space is available at the [FACILITY] VA Clinic for the performance of traditional healing practices, including maintaining [a sweat lodge, or other structure], and work with the Healer/Practitioner to rebuild and supply the [lodge/structure] as needed. Other services and practices may be held off-site as deemed culturally appropriate by the Healer/Practitioner.

4) **Procedures**:

a. A VAMC representative will go before the [WHO/WHICH] tribal council to solicit Tribal Healers/Practitioners to provide traditional healing services. Included on each list will be the name of the individual, the type of healing practice(s) they are qualified to perform, and how to contact the individual.
b. An enrolled Veteran may request a Native Traditional Healer/Practitioner in the normal course of receiving healthcare and/or mental healthcare under the auspices of the VHA.
c. Clinical staff may refer an enrolled Veteran to a Native Traditional Healer/Practitioner in the normal course of providing healthcare or mental healthcare services.
d. The traditional healing services and practices will be included in the Veterans medical record through a progress note entered by the requesting provider.
e. In cases where there may be conflict between a patient request for traditional healing services and the patient's Primary Care Provider decision, the matter may be referred to the medical center [Integrated Ethics Consultation Team] for guidance.
f. Request for a Native Traditional Healer/Practitioner will be entered into CPRS as a consult to the designated Social Worker. To complete the consult, the Social Worker will follow the referral guidelines provided by [WHICH] tribe(s).
g. Each Native Traditional Healer/Practitioner will be required to complete a treatment form identifying the date the practice took place, the type of healing

practice and where the event occurred. When applicable, further treatment recommendations will be documented as well.

h. Obligations will be set up for expected expenses on a monthly basis. Reimbursement to Native Traditional Healers/Practitioners for expenses (travel and supplies) will be charged against those obligations by the [Administrative Officer for Mental Health] on the appropriate forms and processed through the [Fiscal Office] for reimbursement after submission of treatment form as described above.

5) **References**:

a. MCM 11-9 – Patient Treatment Plans
b. MCM 11-11 – Clinical Informatics Medical Records Committee
c. Spiritual and Pastoral Care Procedures VHA Handbook 111.02
d. VHA Handbook 1605.2 – Minimum Necessary Standard for Protected Health Information
e. Protocols and procedures for requesting and securing traditional healing services
f. Traditional healing program guidelines
g. Patient guidelines/what to expect from Healer/Practitioner
h. Policies for handling incidents of inappropriate behavior or abuse and complaint resolution processes

6) **Follow-up Responsibility/Responsible Official**:

Associate Chief of Staff, Mental Health Program
[Medical Officer/PCP]

[NAME]
[FACILITY NAME] Medical Center Director

_____

(Signature)

Appendix A

VA [MEDICAL CENTER, HEALTH CARE SYSTEM,] [CITY, STATE]

Medical Center
Memorandum No. XX-XX

Instructions for creating new MCMs:

- After each section title, delete the instructions and enter your information.
- To add blank lines between paragraphs and temporarily turn off Word's automatic numbering, press Shift + Enter.
- To toggle between increasing or decreasing the level of indentation (7 predefined levels) for each section, click the Decrease Indent and Increase Indent icons on the Formatting toolbar.

- Refer to "**MCM Components**" for detailed descriptions of each component below.

POLICY TITLE

1. PURPOSE:

2. POLICY:

3. RESPONSIBILITIES:

A.

4. PROCEDURES: {*How* the policy's rules are implemented.}

A. First procedure.

B. Second procedure.

1) "How to" information.

a) More "how to" information.

i. Even more "how to" information.

C. Third procedure.

5. REFERENCES:

A. Legal requirements, such as 38 USC 7331

B. VHA policies, such as VHA Handbook 1004.1

C. Another MCM, such as MCM 00-02 "Reasonable Accommodation"

D. Accreditation manuals, such as Comprehensive Accreditation Manual for Hospitals, Joint Commission (do not specify date as most recent version will apply).

VA [MEDICAL CENTER, HEALTH CARE SYSTEM,] [CITY, STATE]

Medical Center
Memorandum No. XX-XX

6. CONCURRENCES: {As listed below, excluding the Executive Office and the Q&P Director. The titles in this section should also be listed in Section E of the justification form.}

A. The staff listed in the RESPONSIBILITIES section above.
B. Anyone who played a major role in authoring the content of the MCM.
C. Chief, Human Resources Management (included for all MCMs).

7. RESCISSION: {the MCM's "Approved Date" stamped in the upper-right corner of the first page.}

8. FOLLOW-UP RESPONSIBILITY:

9. EXPIRATION DATE: {leave blank}

{DIRECTOR'S NAME}
Director

Attachments: {indicate the number and name of each attachment}

Distribution: A, B, C, D
{List one or more as needed based on the legend below. The Q&P AO will announce the new/revised MCMs via email based on the distribution specified.}

A = Management and Leadership Staff
B = All Supervisors
C = All employees
D = Medical Staff

Appendix B

Components of an MCM

PURPOSE: (Why)

A *concise* statement of the rationale for the policy, including if appropriate, reference to external regulations, further policy discussion, etc. See examples below for MCM 11-50 "Controlled Substance Inspection."

Incorrect: **To define policies and procedures for the Controlled Substance Program.**

Correct: **To establish a system for inspections of controlled substances to ensure safety,**
security and accountability of all controlled substances in the medical center.

POLICY: (What)

The rules of the policy including a detailed description based on the Purpose above, such as:

- who the policy applies to,
- who will be impacted by it,
- clear statements of what the customer can and cannot do
- any special circumstances in which the policy would not apply,
- any time constraints, and
- consequences for non-compliance, if applicable.

RESPONSIBLITIES: (Who)

- Lists the SBUs, Divisions, Services, and individual job titles for those who have responsibility for the aspects of daily control and coordination of the policy,
- Sets forth the scope of responsibilities, and
- Designates who has authority to approve exceptions (if applicable).

PROCEDURES: (How)

Describes *how* the rules of policy are implemented.

First paragraph is an overview describing the overall objectives, functions, or tasks that the procedure is designed to accomplish and the circumstances under which the procedure should be used.

Second paragraph provides the reader with the necessary procedural and "how to" information. Included in this section are definitions of unique terms or terms subject to different interpretation, and appendix items of all forms needed to complete the procedure. A transaction flow chart can also be included in this section.

The format can be:

- an outline format of each step required,
- a checklist of what needs to be done,
- an explanation of how to complete the necessary forms or screens—including copies of the forms or screens, or
- an appropriate combination of these formats.

REFERENCES

Information about related policies or procedures, guidelines, forms, etc. Give complete references and ensure that documents cited are readily available (i.e., printed format or online links).